

02/22/00

Jc559 U.S. PTO

mom

Please type a plus sign (+) inside this box



02-23-00

A

PTO/SB/05 (1/98)

Approved for use through 09/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

X-560 US

First Named Inventor or Appl. Identifier

Carol A. Fields

Title

System and Method for Assisting in the Development and  
Integration of Reusable Circuit Designs

Express Mail Label No.

EH864833542US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- 1.
- ☒
- Fee Transmittal Form (e.g., PTO/SB/17)
- 
- (Submit an original, and a duplicate for fee processing)

- 2.
- ☒
- Specification [Total Pages
- 20**
- ]
- 
- (preferred arrangement set forth below)

- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)

- 3.
- ☒
- Drawing(s) (35 USC 113) [Total Sheets
- 3**
- ]

4. Oath or Declaration [Total Pages
- 2**
- ]

- a.
- ☒
- Newly executed (original or copy)

- b.
- ☐
- Copy from a prior application (37 CFR 1.63(d))
- 
- (for continuation/divisional with Box 17 completed)

- i.
- ☐
- [Note Box 5 below]
- 
- DELETION OF INVENTOR(S)**
- 
- Signed statement attached deleting
- 
- inventor(s) named in the prior application,
- 
- see 37 CFR 1.63(d)(2) and 1.33(b).

- 5.
- ☐
- Incorporation By Reference (useable if Box 4b is checked)
- 
- The entire disclosure of the prior application, from which a
- 
- copy of the oath or declaration is supplied under Box 4b,
- 
- is considered as being part of the disclosure of the
- 
- accompanying application and is hereby incorporated by
- 
- reference therein.

- 6.
- ☐
- Microfiche Computer Program (Appendix)

- 7.
- ☐
- Nucleotide and/or Amino Acid Sequence Submission
- 
- (if applicable, all necessary)

- a.
- ☐
- Computer Readable Copy

- b.
- ☐
- Paper Copy (identical to computer copy)

- c.
- ☐
- Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

- 8.
- ☒
- Assignment Papers (cover sheet & document(s))

- 9.
- ☐
- 37 CFR 3.73(b) Statement (when there is an assignee)
- ☐
- Power of Attorney

- 10.
- ☐
- English Translation Document (if applicable)

- 11.
- ☐
- Information Disclosure
- 
- Statement (IDS)/PTO-1449
- ☐
- Copies of IDS
- 
- Citations

- 12.
- ☐
- Preliminary Amendment

- 13.
- ☒
- Return Receipt Postcard (MPEP 503)
- 
- (Should be specifically itemized)

- 14.
- ☐
- \*Small Entity Statement(s)
- ☐
- Statement filed in prior application,
- 
- Status still proper and desired
- 
- (PTO/SB/09-12)

- 15.
- ☐
- Certified Copy of Priority Document(s)
- 
- (if foreign priority is claimed)

- 16.
- ☐
- Other: .....

\* A new statement is required to be entitled to pay small entity fees, except  
where one has been filed in a prior application and is being relied upon.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment

☐ Continuation☐ Divisional☐ Continuation-in-part (CIP)

of prior application No: .....

Prior application information: Examiner .....

Group / Art Unit: .....

**18. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name

Edel M. Young

XILINX, INC.

Address

2100 Logic Drive

City

San Jose

State

California

Zip Code

95124

Country

US

Telephone

408-879-4969

Fax

408-377-6137

Name (print/Type)

Edel M. Young

Registration No. (Attorney/Agent)

32,451

Signature

Date

February 22, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

mom

PTO/SB/17 (1/98)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.  
 These are the fees effective October 1, 1997.  
 Small entity payments must be supported by a small entity statement,  
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$)**730.00****Complete if Known**

Application Number	Not yet assigned
Filing Date	February 22, 2000
First Named Inventor	Carol A. Fields
Examiner Name	Not yet assigned
Group Art Unit	Not yet assigned
Attorney Docket Number	X-560 US

**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **24-0040**  
 Deposit Account Number **XILINX, INC.**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in Notice of Allowance

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Fee	Fee Description	Fee
Paid			
Code	(\$)		
101	760	Utility filing fee	\$690
106	330	Design filing fee	
107	540	Plant filing fee	
108	760	Reissue filing fee	
114	150	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>(\$) 690.00</b>

**2. EXTRA CLAIM FEES**

	Extra	Fee from below	Fee Paid
Total Claims	19 - 20** = -1	X	\$0
Indep. Claims	3 - 3** = 0	X	\$0
Multiple Dependent Claims		X	

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity	Fee	Fee Description
Code	(\$)	
103	18	Claims in excess of 20
102	78	Independent claims in excess of 3
104	260	Multiple dependent claim, if not paid
109	78	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		

**SUBTOTAL (2)** (\$)**0.00**

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Fee	Fee Description	Fee Paid
Code	(\$)		
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet.	
147	2,520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	380	Extension for reply within second month	
117	870	Extension for reply within third month	
118	1,360	Extension for reply within fourth month	
128	1,850	Extension for reply within fifth month	
119	300	Notice of Appeal	
120	300	Filing a brief in support of an appeal	
121	260	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,210	Petition to revive - unintentional	
142	1,210	Utility issue fee (or reissue)	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties)	\$40
146	690	Filing a submission after final rejection (37 CFR 1.129(a))	
149	690	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$)**40.00**

**SUBMITTED BY**

Typed or Printed Name **Edel M. Young**

Signature *Edel M Young*

Date **02-22-2000**

**Complete (if applicable)**

Reg. Number **32,451**

Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.